PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000						\$29
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL EN	_	OTHER SMALL	
TOTAL CLAIMS	41		RATE	FEE	RATE	FEE
FOR	MUMBER FILED	NUMBER EXTRA	BASIC FEE	355.00	R BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	all minus 20-		X5 9=		B X\$18=	
INDEPENDENT CLAIMS	9 minus 3 -	<u> </u>	X40-		Vón	
MULTIPLE DEPENDENT CLAIM PRESENT				"		
and a difference to achieve the form the same and the same 2			+135=		+270±	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		R TOTAL	
CLAIMS AS AMENDED - PART II (Calumn I) (Column 2) (Column 3)			SMALL E	NTITY O	OTHER R SMALL	
(Column 1) CLAIMS	140	ÆST		ADDI-		ADDI-
MEMARKING AFTER	PREVI	GEA PRESENT OUSLY EXTRA	RATE	TIONAL FEE	RATE	TIONAL FEE;
AFTER AMENDMENT Total	Minus V	7 10	XS 9=	,	K X\$18=	- 7
independent ·	Minus	ケーター	1	-/ -/	" Yea	-/-
FIRST PRESENTATION OF M		TOUR D	- X40=	- / 1°	A ABUT	/
			+135-	o	R +270=	
u of oil				°	ADOIT, FIFE	
11-26-04 (Column 1)		mn 2) (Cotumn 3)				
CLAIMS REHAMMO AFTER AMENDMENT	MUN PREVI	IBER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI TIONAL FEE
AFTER AMENDMENT Total · HO Independent · 2	Minus 4	11 - 1	X\$ 9=	o	A X\$18.	
independent · 2	Minus '•••	3 -/	X40=		R X80₃	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						
	•	•	+135=		``L	
11. 14. DS(Column 1) STA (Column 2) (Column 3)						
CLAIMS REMAINING	NAC.	HEST UBER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	Milrus J	-1 -	X5 9=		R X\$18*	
Total AMENOMENT Total AMENOMEN	Minus	3 .	X40+		V00.	
FIRST PRESENTATION OF M	ULTIPLE DEPENDEN	1 CLAIM	 ^ -\	¦°	"	
1, 20, 23				°		
If the entry in column 1 is test than the entry in column 2, write "O' in column 3. 10/AL 18 the "Pighest Number Previously Paid For" IN THIS SPACE is tres than 20, enter "R0." ADDIT. FEE					ADDIT. FEE	L
""If the "Righest Number Previously Paid For" (I INS SPACE is less than 3, enter "3." The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						
FORM PTO ATS Patient and Trademan Office, U.S. DEPARTMENT OF COMMERCE Office AND						

* Application of Oockel Number